

DATE RECEIVED BY DMV



Motor Carrier Services Branch
P. O. Box 932370 MS G875
Sacramento, CA 94232-3700
(916) 657-8153

APPLICATION FOR CERTIFICATE OF SELF INSURANCE

California Vehicle Code §34630 et seq.

This application is for a Certificate of Self-Insurance requested by a motor carrier of property. Approval and completion of the application and assignment process shall meet the proof of financial responsibility requirements in Section 34630 at the levels indicated in Section 34631.5(a)(1) and (2) of the California Vehicle Code (CVC).

PART 1: Check one box and provide the motor carrier name and CA number.

☐ **INDIVIDUAL** ☐ **PARTNERSHIP** ☐ **CORPORATION** ☐ **LIMITED LIABILITY COMPANY**

MOTOR CARRIER NAME (AS IT APPEARS ON THE APPLICATION FOR MOTOR CARRIER PERMIT)

CA NUMBER

PART 2: Address - Telephone Number

BUSINESS ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS (IF DIFFERENT THAN BUSINESS ADDRESS)

CITY

STATE

ZIP CODE

BUSINESS TELEPHONE NUMBER

PART 3: Enter the number of vehicles in the motor carrier fleet. Vehicles must be registered in the motor carrier name.

_____ California registered

_____ Registered out of state

PART 4: Amount of Funds - Check one box

A cash deposit or savings held in an FDIC guaranteed bank(s) or savings association(s) located in California for the amount specified below is acceptable as proof of financial responsibility for the combined statutory limits designated in Section 34631.5(a) paragraphs (1) and (2) of the California Vehicle Code. An additional \$5,000 for potential administrative cost is required.

☐ \$755,000 Required funds amount from motor carrier transporting property excluding hazardous materials; includes \$5,000 for potential administrative costs. CVC 34631.5(a)(1)*

☐ \$305,000 Required funds amount from motor carrier transporting property, excluding hazardous materials, **exclusively** in vehicles with a GVWR of 10,000 pounds or less; includes \$5,000 for potential administrative costs. CVC 34631.5(a)(2)*

PART 5: Unsatisfied Judgment Certification. Motor carriers with an unsatisfied judgment are disqualified from obtaining a Certificate of Self Insurance Motor Carrier Permit.

☐ I certify that I have no unsatisfied judgment against my motor carrier name or fictitious business name as a result of property damage, bodily injury, or death caused by a motor vehicle accident.

***NOTE:** A self-insured motor carrier is required to deposit a large amount of money in a financial institution that is federally insured up to \$100,000 only. The decision to self-insure and assign a bank deposit to the department is voluntary and not required by law. Neither the California Department of Motor Vehicles nor the State of California assumes liability for the deposit, in excess of the amount insured under state or federal law.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINTED NAME

SIGNATURE

TITLE

X

DATE

TELEPHONE NUMBER